UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 11 78 63 2 Serial/Patent # 09 530, 693					
3 Please refund the following fee(s):		4 PAP NUM	PER IBER	5 DATE FILED	6 AMOUNT
	Filing		1		\$
	Amendment				\$
Q	Extension of Time				\$ 1005
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND \$			\$
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment		C:	redit Depo	osit A/C #:
	Duplicate Payment		8 [4 0	112
	No Fee Due (Explanation):	<u> </u>			
Extension filed lato.					
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11 REFUND REQUESTED BY:					
SIGNATURE: PHONE: TITLE: 1-3 PHONE: 3076711					
OFFICE: 60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)